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ABSTRACT

Recruiting schools and kids to participate in drug prevention evaluations is no longer, if it ever was, a "done deal." Since the mid-1980s, schools have been inundated with requirements for drug programs and requests to cooperate with program evaluations. As a consequence, both treatment and control schools are harder to find. In addition, many school administrators feel that their students have been "overstudied" and parents often look askance at questionnaires that seek information on sensitive topics such as drug use. Even if evaluators successfully pass the "recruitment barrier," additional problems such as the loss of schools or study participants over time may threaten the study's integrity. This paper examines the challenges facing evaluators of community-based programs when the design calls for assessing prevention efforts targeted at children or adolescents in school. It discusses the barriers to recruiting schools for the evaluation and keeping them in the study over time, and presents alternative strategies for overcoming these barriers. It then turns to the problems of getting and keeping student participants, focusing, in particular, on strategies for obtaining parental consent and minimizing attrition over time. (Contains 2 tables and 24 references.) (Author)

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# Getting and Keeping Schools and Kids for Evaluation Studies

Phyllis L. Ellickson

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# Getting and Keeping Schools and Kids for Evaluation Studies

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# Getting and Keeping Schools and Kids for Evaluation Studies

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Recruiting schools and kids to participate in drug prevention evaluations is no longer, if it ever was, a "done deal." Since the mid-1980s, schools have been inundated with requirements for drug programs and requests to cooperate with program evaluations. As a consequence, both treatment and control schools are harder to find. In addition, many school administrators feel that their students have been "overstudied" and parents often look askance at questionnaires that seek information on sensitive topics such as drug use. Even if evaluators successfully pass the "recruitment barrier," additional problems, such as the loss of schools or study participants over time, may threaten the study's integrity. This paper examines the challenges facing evaluators of community-based programs when the design calls for assessing prevention efforts targeted at children or adolescents in school. It discusses the barriers to recruiting schools for the evaluation and keeping them in the study over time, and presents alternative strategies for overcoming those barriers. It then turns to the problems of getting and keeping student participants, focusing, in particular, on strategies for obtaining parental consent and minimizing attrition over time.

Following the passage of the Drug-Free Schools and Communities Act in 1986, the federal contribution to state and local drug prevention sharply increased – from $189 million in 1987 to $463 million in 1990. This monetary incentive fueled local adoption of drug prevention programs, as did the requirement that schools show they have developed a comprehensive drug education plan before they can receive federal education funds. Many states have passed laws requiring schools to implement drug education, thereby enhancing the demand for prevention programs.

Although schools across the country have acquired drug prevention curricula, few have been evaluated (U.S. GAO, 1993). Federal agencies have proposed broader evaluation requirements, but federal funding for careful evaluations has been limited. At the same time, the logistics of carrying out credible evaluations that meet accepted scientific standards have become more complex. These standards call for the ability to generalize to diverse school and community environments, to assess program effects over several years, to recruit enough schools and or communities to be able to detect program effects on rare behavior, and to carry out random assignment of schools to treatment and control conditions (Ellickson & Bell, 1992; Murray & Hannon, 1990).

## Challenges to Recruiting and Retaining Schools for Prevention Evaluations

Thus evaluators need to convince gatekeepers from widely different school environments to cooperate with study requirements and to do so over several years. Today,

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we are much less likely to have the luxury of working solely with schools that know and like us. As the need for recruiting multiple and diverse schools increases, we are also more likely to come up against conflicts between the needs of the research and the organizational priorities and interests of the schools.

Schools and school districts are bureaucracies. Like bureaucracies everywhere, they must satisfy their own organizational imperative for institutional survival and maintenance over time. Intrusions from the outside are more likely to be accepted if they enhance the school's organizational needs and much less likely to be accepted if they pose a threat to the institution.

Hence, recruiting schools for evaluation research is "essentially political in nature" (Hansen, 1991). Knowing the terrain—understanding what schools perceive as potentially costly and what they view as beneficial—is central to successful recruitment efforts. It is also essential to successful retention; conflicts between the research and school needs and priorities do not miraculously disappear once schools have agreed to participate in a study. Among the more common and challenging problems that evaluators may need to anticipate and overcome are:

- conflicts with educational priorities and routines;
- resentment of burdensome demands on school personnel;
- concerns about respondent burden; and
- concerns about negative publicity or parental complaints.

*Conflicts with Educational Priorities and Practice*

In an era when schools are increasingly berated for inadequate student achievement, testing a new curriculum that may take time from the "three R's" may appear unwarranted. That was the reason that one urban school district declined to participate in Project ALERT, a multisite drug prevention evaluation involving 30 schools from eight California and Oregon school districts (Ellickson, Bell, Thomas, Robyn, & Zellman, 1988). Under court order to equalize student achievement across different racial and ethnic groups, the district felt that it could not justify any additional incursion on traditional academic activities.

Once a school has already invested in a drug prevention program, it may be reluctant to replace that program with something else. As more schools have adopted programs, fewer still need them. Thus researchers who want to test new or improved models have found it more difficult to locate districts interested in trying a different "product" or "brand." They have also found it more difficult to locate control schools that do not already have a program or are willing to drop what they do have for the duration of the test.

In addition, the program itself—or its implementation schedule—may conflict with established school routines and priorities. If the school's teachers are to teach the lessons, they need to "buy into" the program and receive appropriate training. Teachers who resent delivering a program with which they are unfamiliar or that they consider superfluous may consciously or subconsciously undermine it during implementation. If outside health educators teach the lessons, their disciplinary and teaching style may conflict with and disrupt the regular teacher's mode of operation. Moreover, programs with many lessons (eight or more) may be difficult to schedule within a single semester if they must be spaced at weekly intervals. Schools that typically teach health

education modules within a 2- or 3-week period find weekly schedules particularly challenging.

Even when the research program involves evaluating an existing program, educational and research goals may come into conflict. For example, some teachers resent the time that data collection takes from regular classroom activities, feeling that the loss of even one or two classroom periods has a negative impact on educational goals.

*Extra Burdens on School Personnel and Respondents*

Prevention program evaluations inevitably place extra burdens on school personnel and student respondents. Teachers may be asked to help with the mechanics of data collection, to hand out and collect consent forms, to help identify students who lack permission to participate, and to explain the program to concerned parents. They may also need to "learn" a new curriculum and attend special training workshops to do so. Incursions on the time of school administrators and office personnel often include sending letters to parents that inform them about the research (and seek consent for their child's participation), arranging schedules for data collection, arranging parent meetings, and escorting nonparticipating students to other school venues. Although no single demand is likely to cause rejection, fear of multiple burdens may well do so.

In some districts or schools, the number of research projects that involve student surveys or testing may be at the saturation point. For example, one district said they had placed a moratorium on new research projects because they had already approved over 200 independent studies (personal communication, Lee Beringer, Pacific Institute for Research and Evaluation). Schools with high proportions of minority students tend to be at risk for slipping into the "overstudied" category, as are schools close to university campuses. Whether over- or understudied, schools are particularly likely to balk at projects that take up more than one classroom period for student data collection.

*Concerns About Negative Publicity and Parental Complaints*

For drug prevention evaluations, concerns about asking sensitive questions and the potential for negative publicity are intertwined. All drug use, including smoking and drinking, is illegal for minors. Hence some schools fear negative parental reactions to questions about drug use and other sensitive behavior. Some also worry about publicity related to the school's participation in drug use research, fearing that media reports may give them a "bad school" image. These concerns were particularly salient in the early 1980s, leading many districts to require assurances of anonymity and a low public profile as a condition for participating in drug use research (Ellickson, Bell, et al., 1988).[1]

## Strategies for Improving Recruitment Outcomes

The key to successful recruitment rests on the evaluator's ability to present a credible case for the research and to establish the staff's legitimacy as professional and reliable experts for carrying it out. Having a prior relationship with key gatekeepers in the school district helps the evaluator get in the door. If the research group has worked in the district before and developed a reputation for cooperating with school officials, the odds of

[1]Since the late 1980s, however, drug use surveys have become commonplace and parental concerns about them have receded. In contrast, parents have mounted campaigns against surveys of adolescent sexual behavior in many communities and, in at least one instance, have sought a court injunction to block survey administration (personal communication, David Kanouse, RAND).



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obtaining approval for a new study are substantially increased. Similarly, knowing an influential school board member or administrator may increase the odds of getting a hearing, particularly in smaller districts.

Nevertheless, many projects have successfully recruited multiple districts and schools for evaluation studies without having the advantage of prior experience or personal contacts in them. Instead, they develop and nurture the requisite relationships during the recruitment process (Ellickson, Bell, et al., 1988; Goodman, Smith, Dawson, & Steckler, 1991). In the following sections, we give examples of both approaches to recruitment.

*Finding Recruitment Staff with Appropriate Skills*

Recruiting schools for prevention evaluations is time-consuming and costly. Each district may have different gatekeepers (superintendents, principals, teachers, school board members, representatives of community groups) with varying agendas. Recruitment staff have to be prepared to meet with different district representatives and to anticipate and address their concerns. This may take more than one face-to-face visit. In addition to brochures describing program benefits and requirements, staff may also need to develop lengthier mini-proposals. They will definitely need to put essential aspects of the participation agreement in writing (Murray et al., 1992). Once approval has been given, the job of developing and maintaining cooperative relationships with participating districts does not disappear. Following through on initial promises is essential. Becoming aware of emerging problems and working to resolve them helps smooth the evaluation process and avoid crises that might precipitate district or school withdrawal.

Much rests, therefore, on the skills of the recruitment team and their willingness to do the necessary upfront planning and follow-through. Projects with multiple sites dispersed across several counties and states are likely to need a team of negotiators with members who concentrate on different locations. In the following example, we see how one project chose its negotiating team for a prevention trial (Project ALERT) that required enrolling schools from a predesignated pool of West Coast districts. The description focuses particularly on the qualities that make people effective at recruiting schools and working with them over time.

Because the project's recruitment director lacked existing contacts in the candidate districts, she hired staff to serve as local contacts and negotiators (Ellickson, Bell, et al., 1988). She wanted people who could build long-term relationships in the district, act as troubleshooters for identifying and resolving problems before they became crises, and represent the interests of both the research and the district. She looked first for individuals with school expertise and good negotiating skills—people who had worked in or with schools in the past, had a good understanding of the organizational concerns and perspectives of school administrators and teachers, and were sensitive to their needs. She also looked for people who were flexible (were willing to work with schools and accommodate reasonable demands that would not compromise the research), believed in the importance of evaluating prevention programs, and had demonstrated a capacity to follow through on their commitments.

To get people who fit—or nearly fit—this daunting job description meant relying on personal networks, considering people that project staff had already worked with or had heard about from a well-regarded source. Thus the project sacrificed propinquity for having the "right profile." Although only one of the site coordinators lived in a candidate district, they all had to be available for face-to-face presentations in potential sites within their geographic area. They also had to be prepared to conduct continuing

negotiations on their own (i.e., without the assistance of the recruitment director). Once the final sites had been selected, all of them spent several weeks on site working out scheduling, teacher training, and the myriad details associated with program implementation and data collection. During data collection and program delivery, which took place over a period of 4 months, all of them were physically on site at least 2 days a week.

An alternative strategy used in a smoking prevention dissemination study involved the following steps: (1) locating local intermediaries to make the initial contact with district superintendents, (2) sending members of the research team to meet with the superintendent and other school officials (and schedule additional meetings, if necessary), and (3) identifying a district-appointed liaison with responsibility for letting the researchers know what additional information the district desired (Goodman et al., 1991). Criteria for selecting the local intermediary included knowledge of the research team or project, agreement with the project's goals, and credibility with and access to the superintendent. However, although the number of meetings held between project and district representatives was statistically associated with the decision to join, having an intermediary was not (Goodman et al., 1991). Hence the willingness of the research team to commit substantial time and effort to recruitment (plus their research expertise) appeared to be a crucial factor in signing up schools for the study.

*Making a Credible Case and Establishing Legitimacy*

The first step in recruitment planning involves designating a pool of districts and schools that meet the project's need to test the program in particular *or* diverse school and community environments (e.g., urban, suburban, or rural communities; large or small schools; those with high or low minority populations, etc.).[2] After gathering information on who the key gatekeepers in candidate districts are, initial contacts may be made by phone or letter. As noted above, having a local intermediary make that first contact facilitates obtaining access to school officials and bolsters the study's legitimacy (Goodman et al., 1991; personal communication, Royer Cook, ISA). Getting supporting letters from educational or other professionals respected by district officials does the same (Murray et al., 1992).

However, neither supporting letters nor supportive local contacts are sufficient for establishing the credibility of the project and its research team. Fulfilling that requirement usually takes at least one visit to candidate sites that have expressed some interest in participating (Goodman et al., 1991). It also requires making a strong, but balanced, case for the research, both verbally and in writing. Hence before *any* contacts are made in candidate districts, it is essential to clarify what you will need from the schools and what you, in turn will provide to them. This process involves three components: (1) laying out precisely what the research will require of each district and school; (2) showing what the schools will gain from participating; and (3) seeking additional ways to maximize the benefits and minimize the costs of involvement.

*Clarifying the Research Requirements*

At the outset, projects need to decide which aspects of the research design are nonnegotiable and which can be altered. In Project ALERT, for example, we required that

[2]For different methods of identifying the relevant district pool, see Murray et al., 1992; and O'Hara et al., 1991).

districts allow us to assign schools randomly to treatment or control conditions and conduct data collection (written questionnaires and physiological tests) with participating students over a 6-year period. Districts also had to forgo their own drug program in the treatment schools (if they had one) and avoid influencing the climate regarding drug use through atypical drug prevention efforts. In addition, treatment schools had to accommodate the program's weekly implementation schedule (eight lessons delivered in mixed gender classrooms during grade 7; three lessons during grade 8) and all schools had to agree to using passive consent procedures.

Each of these requirements carried some risk for the schools, or disrupted normal school procedures, or placed additional burdens on school personnel. For example, schools ran the risk of not receiving the new program (being a control), while still being involved in data collection. Those assigned to the treatment condition would have to drop any existing programs for the cohort involved in the experimental test; if they lacked an existing program, they would need to find time for 11 classroom lessons over a 2-year period. All schools were also subject to the burden of using school time for data collection and potential parental concerns about data privacy or negative publicity, while many treatment schools had to alter their normal schedules for delivering special health units.

The most burdensome of these costs turned out to be those that meant altering existing school priorities or practice. Of the 11 districts that rejected Project ALERT, 5 already had a drug prevention program they did not want to drop and 4 either could not accommodate weekly scheduling within one semester or felt the program would take away time needed for academic activities. Only one district objected to random assignment and another objected to collecting physiological samples.[3] Nevertheless, school officials need to be informed about all of the potential costs at the outset. Otherwise, they cannot make an informed calculation of whether the project's benefits outweigh its costs. Moreover, surprises that arise after agreements have been reached undermine credibility and may lead to subsequent withdrawal from the study.

It is also essential that the recruitment team and anyone else involved in negotiating for the project be clear about study requirements and potential costs *before* initial contacts with school people are made. Othewise, schools may request deviations from the research protocol that you (or your representative) cannot easily classify as acceptable or not acceptable. Is acceptance of random assignment a nonnegotiable requirement for school participation or can the project live with something less than a classic experimental design? If physiological samples are to be collected, does every school have to go along with it? Is the project committed to passive or active consent procedures? If the former, can it afford to implement active consent in some schools? Can the lessons be bunched together or do they need to occur weekly? These, and other issues, are likely to arise during the recruitment process. Although not every request can be anticipated, recruitment staff need a clear understanding of when they can make concessions, when they cannot, and when they need to get further clarification from the project leader.

### *Maximizing Benefits to the Schools*

Project staff also need to provide schools with reasons to participate in drug prevention evaluations that offset the costs of involvement. A major incentive, of course, is

[3]Experiences with numerous projects in the midwest also indicate that few districts or schools decline to participate because of the randomization requirements (personal communication, David Murray, University of Minnesota).

getting a free program that may benefit substantial numbers of students. Many evaluators have also hired and trained outside health educators to teach the program, thereby eliminating the costs to schools of training regular teachers. They then offer both the program and subsequent training to regular classroom teachers in all district schools after the experimental test. We have found that the randomization requirement is rarely an obstacle to participation when control schools know they will receive the program within a year.

A more serious obstacle, however, is the requirement for treatment and/or control schools to drop *existing* prevention programs (to which they have already committed money and time) during the experimental or demonstration period. One solution is to allow control schools to retain existing programs as long as they do not duplicate the one being tested; this dilutes a program/no program trial but has the advantage of providing a more realistic (and conservative) test of the new model. For treatment schools, emphasizing the limited nature of the "hiatus" period (that dropping an existing program applies only to the experimental cohort and that it can be resumed after the test period) often diminishes concerns about wasting an existing investment.[4] Another offsetting factor is the opportunity for staff to get additional training and health education experience.

An additional benefit is that offered by the research itself – the opportunity to participate in an effort that will further understanding of what works and for whom and the chance to get current, albeit aggregate, information on student drug use and attitudes. Most districts find such information useful for assessing district needs and welcome the opportunity to get the data at no cost. However, evaluators need to be clear that individual data will not be provided and that data aggregated to the school (versus the district) level must be in a form that does not allow for identification of individual schools.

Finally, some projects offer other incentives for participation – equipment or funds for special school programs (drama, computer, education, science training, athletics) or monetary incentives linked to the size of the target population in the district and the proportion of surveys completed (O'Hara et al., 1991). Others offer "prizes" to classrooms with high participation rates (funds for a class trip, a classroom computer, etc.). These incentives take on added importance when the programs to be evaluated are already in place and the evaluator must convince treatment and comparison schools to participate in the reseach without the inducements of a free program or staff training. When offering such incentives however, evaluators should take care to avoid undermining the consent process. In-kind or monetary contributions at the whole-school or district level raise fewer concerns about undue pressure on individual students than incentives linked to classroom participation.

*Minimizing Monetary and Nonmonetary Costs*

As noted above, costs to districts can be substantially reduced by hiring and training staff to deliver the prevention program.[5] However, if outside staff are more motivated

[4]This was our experience with Project ALERT. When we made an effort to convert rejections based on the requirement to drop existing programs, we improved recruitment outcomes. At the beginning of the negotiating process, however, we did not try to convert initial rejections. (Having a large pool of eligible districts, we felt we could afford to weed out "uncertain" districts before scheduling costly visits to them.)

[5]In one study that required regular teachers for program delivery, the six districts that declined all cited the costs in teaching staff and instructional time (removing teachers from the classroom during training, the cost of per diem substitutes, and the cost of the training workshops) as primary reasons for not participating (Goodman et al., 1991).

to deliver the lessons faithfully and better trained than regular teachers, doing so may reduce the "real world" nature of the test. Hiring outside staff also requires scheduling at least one meeting between the guest teacher and the regular classroom teacher to establish mutually acceptable guidelines for maintaining classroom order and upholding the classroom teacher's authority and procedures.

An alternative strategy involves convincing the teachers who normally deliver the school's health education units that the new program is worth trying out and that they can deliver it effectively. Separate training workshops paid for by the project (or by other agencies interested in fostering program dissemination) are one way to accomplish this objective.

Even if the direct costs of teacher time and training are covered through the project (or are not at issue for other reasons), program evaluations may still impose nonmonetary costs on schools and districts. These include extra time spent by school personnel on data collection or program implementation, class time lost from academic subjects, disruption of school schedules and routines, and goodwill spent "selling" or defending the program.

Nonmonetary costs take on greater weight in the school's decision calculus when the benefits of participating are indirect (involve knowledge that may help future generations, but not the current student population) or otherwise limited (small monetary or in-kind contributions). To minimize these costs, projects should be prepared to:

- take responsibility for all aspects of data collection, while limiting "in-school" data collection time required of students to one class period;
- reimburse districts for exceptional incursions on the time of school personnel;
- limit disruption of school schedules and routines;
- hire staff whose function is to maintain contact with the district and resolve problems before they become crises; and
- keep district and school staff fully informed of the research program's progress.

*Taking responsibility for data collection, reimbursing exceptional costs.* Project staff should maintain responsibility for all aspects of the data collection process—getting consent, supervising and conducting survey administration, collecting other data (such as physiological samples), identifying students without consent and omitting them from data collection, protecting data privacy, etc. However, some tasks, such as establishing survey dates, getting lists of enrolled students, or sending letters to parents from the principal, inevitably require help from school personnel. Whenever possible, therefore, staff should minimize the burden of those requests—for example, by drafting letters for the principal's approval, paying for the use of school stationary, and mailing letters. Surveys or other forms should not take more than one class period for students to fill out; if other procedures are included (such as collection of saliva samples), survey items should be cut accordingly.[5] If unanticipated requests are made of school personnel (e.g., extraction of data from school records), they should be reimbursed for their time.

[5]When projects need to administer surveys that take longer than one class period, scheduling afterschool administration is an alternative strategy.

In addition, standard requirements for protecting data privacy should be followed, including restricting access to student surveys to selected research personnel; using ID numbers, not student names, on individual questionnaires; restricting access to the link between names and ID numbers; and obtaining a Certificate of Confidentiality from the Department of Health and Human Services. These procedures help assure both schools and parents that individual student responses will not be made public or used against them in any way.

*Limiting disruption of school routines.* Efforts should also be made to mitigate the disruption caused when program requirements involve altering normal school schedules or practice. For example, one school wanted to deliver Project ALERT in large, same-sex physical education classes, whereas the program required a small, mixed-gender classroom setting. The school allowed the project to form mixed-gender groups from the physical education classes; the project, in turn, hired extra teachers so that students could receive the program during their regularly scheduled physical education period.

*Hiring site coordinators to act as district liaisons.* Site coordinators are especially important when the project has program implementation responsibilities: they can oversee teacher recruitment and/or training, develop schedules for program delivery, help reschedule classes missed because of school trips or bad weather, and respond to parent, school, or district concerns about the prevention program or the evaluation components. However, even when the project's responsibility is confined to program evaluation, liaison staff play an essential role in paving the way for an efficient data collection process and fielding queries, complaints, or requests. Prior to Project ALERT's baseline data collection, for example, a handful of parents in each district called with further questions about the evaluation. The ability of the site coordinator to describe the project's extensive procedures for protecting data privacy both assuaged their concerns and relieved school personnel of the job.

*Keeping district and school staff informed.* Keeping as many people as possible informed about the research helps to uncover possible problems and nip potential misunderstandings in the bud. Strategies include meeting with key stakeholders in the school and parent community, holding open parent meetings to explain the program, and responding quickly to calls made to the school or research office.

In sum, successful school recruitment typically involves a top-down strategy—identifying the key decision makers in the district and convincing them of the evaluation's merit.[7] Making a credible case ultimately rests on district perceptions that the evaluation's benefits exceed its costs. Hence the recruitment staff has a complex task. They need to convey enthusiasm for the project and its likely benefits, while also presenting a clear picture of project requirements and costs. They also need to understand school priorities and concerns and to make a sincere effort to accommodate requests that do not threaten the evaluation's integrity. This ability to work with districts without sacrificing essential elements of the research design sets the stage for an ongoing collaboration. It signals that project staff have the expertise to carry out the evaluation efficiently and that they can be trusted to do it without inflicting surprise requirements on participating districts and schools.

[7]Once the recruitment phase is over, however, project personnel will be working with individual administrators, teachers, and clerical staff at each school. Hence the staff's ability to understand and anticipate concerns at the school level is crucial to maintaining an ongoing relationship.

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Nevertheless, some districts will decline participation no matter how dedicated the staff or how favorable the benefit/cost ledger. This is most likely to occur when districts have priorities or problems that dominate their decision making. For example, one district contacted for a multisite study ostensibly balked at collecting physiological samples but in reality was beset by competing community group interests that made it difficult for district officials to make a decision and stick with it. After several meetings, staff decided to forgo continued efforts to reach an agreement. Efficient recruitment also rests on knowing when to cut your losses.

### Recruiting and Retaining Student Participants over Time

Getting and keeping schools in the evaluation is only part of the story; evaluators also face the challenge of getting and keeping student participants. One of the most intractable problems encountered in longitudinal research is that of nonresponse among members of the target population. School-based studies face three particularly troublesome sources of nonresponse—lack of parental consent for student participation in the research, student absenteeism when data collection takes place, and students who transfer or drop out of participating schools. Each of these problems makes substantial inroads on sample size; each may also lead to disproportionately high losses of particular groups—minority children, those who do less well in school, and those who are "at risk" for engaging in problem behavior (Battjes & Bell, 1985; Ellickson, Bianca, & Schoeff, 1988; Polk & Ruby, 1978).

#### *Maximizing Parental Response to Requests for Consent*

Requiring active written consent from parents (a signed form for every student participating in an evaluation) typically produces substantially reduced sample sizes at the outset—ranging between 40% and 60% of the target group (Donovan, Jessor, & Costa, 1988; Josephson & Rosen, 1978; Lueptow, Muller, Hammes, & Master, 1977; Severson & Biglan, 1989). An active consent requirement also tends to result in underrepresentation of groups that are important to include in drug prevention research—minorities, low achievers, and children who have already tried drugs (Kearney, Hopkins, Mauss, & Weisheit, 1983; Severson & Ary, 1983; Thompson, 1984). Low initial response rates and biased samples can jeopardize a study's results from the beginning and call into question the wisdom of proceeding further.

Although extensive follow-up efforts can substantially raise response rates, such efforts tend to be prohibitively expensive and time consuming for large research projects. One pilot study, carried out in 1984, found that it took 4 weeks and $25 per case to retrieve written forms from every parent (Ellickson & Hawes, 1989). The process involved multiple follow-ups and several different techniques for contacting parents—two mailings plus a "take-home" consent package, two parent meetings, and two waves of phone calls to nonrespondent parents with several contact attempts at each wave. Based on these results, the researchers estimated that achieving an 85% consent rate would cost about $90,000 for a sample of 6,000 students from 30 West Coast schools. Another active consent process, conducted in a single high school under heavy public opposition to the research, succeeded in retrieving written forms from approximately 65% of 2,500 parents after extensive telephone follow-up, repeated mailings, and special outreach to students. The cost was substantially higher, amounting to about $45 per case (personal communication, Jennifer Hawes-Dawson, RAND). In contrast, conducting *passive*

consent proceedings with a sample of 6,000 Oregon students cost approximately $6,000 or $1 per case (Severson & Biglan, 1989).

Thus evaluators seek alternatives to active written consent. Two strategies that have proved successful include "passive consent" (where parents return a form only if they do *not* want their child to participate) and "active verbal consent" (where parents can give consent over the phone rather than having to mail in a signed form).

Passive procedures yield participation rates ranging anywhere between 80% and over 95% (Ellickson & Hawes, 1989; Severson & Biglan, 1989). When they involve multiple channels of communication (both mail and "take-home" consent packets) plus postcard reminders, the risk of failing to inform parents about the research is small.[8] In addition, studies suggest that the great majority of parents who fail to return a form under "passive" consent do so because of apathy, not because they oppose the research. Ellickson and Hawes (1989) found that only 4% of the parents contacted after not responding to passive consent mailings said they did not wish their children to participate. Severson and Biglan (1989) estimated that about 5% fewer parents are likely to give consent when the procedures involve face-to-face meetings with the family as opposed to passive consent mailings. Moberg and Piper (1990) compared refusal rates from telephone contacts with those for mailed-in returns, finding that the former were about 5% higher.

Nevertheless, many institutional review boards have rejected requests to use passive parental consent procedures for studies that collect sensitive data from children or adolescents. They typically cite concerns that some parents may not have received, read, or fully understood mailed material.

An alternative process that involves accepting parental consent over the phone was recently tested in Wisconsin. After mailing materials that requested written consent, attempts were made to call approximately 1,000 nonrespondent parents, explain the research, and ask permission for the child to participate in a 4-year longitudinal study of nutrition and drug use behavior. Accepting telephone consent without written documentation from the parent increased the consent rate by 20%. Overall, consent was obtained from 87.5% of the parents of enrolled students and 96% were contacted (Moberg & Piper, 1990). Although these procedures are more costly than traditional passive consent methods, they offer additional assurance that parents have been contacted and had an opportunity to ask questions about the research.

*Reducing Nonresponse Due to Absenteeism and Student Transfer*

Nonresponse attributable to absences on the day of data collection can produce sample losses of 10% or more. As a group, absentees typically use drugs more frequently than students who are present during data collection (Brunswick & Messer, 1985; Kandell, Kessler, & Margulies, 1978; Pirie, Murray, & Luepker, 1988); hence retrieving as many absentees as possible is desirable. Make-up sessions, typically held within 1 to 2 weeks after the scheduled data collection at each school can substantially reduce this source of bias. They are designed to "recapture" students whose absence is caused by short-term factors—a brief illness, a trip to the doctor, or a sudden decision to skip school that particular day.[9]

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[8]Following the above procedures with nearly 10,000 students, RAND received only one complaint that the parent had not known about the research after 4 waves of data collection (Ellickson & Hawes, 1989).

[9]Make-up sessions are less likely to recapture students prone to chronic absenteeism or those suffering prolonged illnesses.

Table 1 shows the results of conducting make-up sessions for the schools that participated in Project ALERT. The initial make-up session, conducted when the students were in grade 7, reduced the absentee rate by more than two thirds (from 8.3% to 2.5%) and recaptured students who qualified as high-risk candidates for future drug use. Subsequent efforts at data collection periods 2 through 6 yielded reductions of 50% or more. Overall, the make-up sessions retrieved close to 6% of the baseline sample at four of the five postbaseline waves.

Table 1
*Results of Make-up Data Collection for Project ALERT*
(Percent of sample)

| Item | T1 | T2 | T3 | T4 | T5 | T6 |
|---|---|---|---|---|---|---|
| Absent before makeup | 8.3 | 11.2 | 7.5 | 9.2 | 9.8 | 12.3 |
| Absent after makeup | 2.5 | 5.5 | 3.4 | 3.3 | 4.0 | 5.3 |
| Percent reduction | 69.9 | 50.9 | 54.7 | 64.1 | 59.2 | 56.9 |

*Note.* Baseline sample is defined as enrolled 7th-grade students who filled out a survey at T1. The T1 calculations are based on the *target* population, all enrolled 7th-graders in participating schools. Because T1 and T2 makeups were conducted only in the 18 schools scheduled for the second (spring) wave of program implementation, the percentages reported for those two waves are calculated for the spring target population and the spring baseline sample, respectively.

An even more significant threat to maintaining sample generalizability comes from subsequent student transfers out of the schools where the initial data collection was conducted. A meta-analysis of 85 substance abuse prevention studies showed that the mean proportion of students lost at postbaseline follow-ups ranged from 19% after 3 months to 33% after 3 years (Hansen, Tobler, & Graham, 1990). Other studies have shown that transferees and school dropouts are disproportionately likely to come from groups that prevention programs seek to help—minority students, poor achievers, those from disrupted families with low socioeconomic status, and those with a higher propensity to become drug users or abusers (Pirie et al., 1988).

One method for improving retention rates involves tracking transferees and dropouts through the mail. In Project ALERT, 15% of the baseline sample—more than 1,000 students—had transferred out of the participating schools within a year after the baseline seventh-grade data collection. The tracking procedures used in this study yielded surveys from two thirds of the transferees and cut the overall attrition rate in half (from 20% to 10%). As Table 2 shows, it also recaptured a substantial proportion of minority students and those with multiple at-risk characteristics—poor grades, prior deviance and drug use, and disrupted family life-styles.

The overall tracking plan centered on a traditional mailed survey, with mail and telephone follow-ups plus monetary incentives (Ellickson, Bianca, & Schoeff, 1988). Within that overall strategy, staff incorporated an additional technique, obtaining information about what new school the student was attending and, when successful, mailing the questionnaire to that school rather than to the last known home address. This strategy was designed to mitigate the problems of finding a highly mobile population of young adolescents, 90% of whom had moved at least once. Such mobility substantially reduced the likelihood of locating trackees at their old home addresses or finding a parent or

Table 2
*Tracking Results for Project ALERT*

| Student characteristics | Percent recaptured by tracking[a] |
|---|---|
| Disrupted family[b] | 57 |
| Deviant[c] | 56 |
| Grades of C or lower | 49 |
| Black | 44 |
| Tried cigarettes | 49 |
| Tried marijuana | 44 |
| Tried alcohol | 43 |

[a]Reflects the proportion of the loss *before* tracking that was recovered by the tracking process at the third data collection, one year after baseline.
[b]Students who were not living with both natural (or "original") parents.
[c]Students who scored >.25 on a deviant behavior scale tapping truancy, vandalism, lying, cheating, and stealing.

relative at those addresses.[10] Overall, the "new school" strategy enabled staff to find one third of the transferees (44% of the students located) and accounted for 43% of the completed surveys. Mail and telephone follow-ups accounted for the rest. Hence the "new school" strategy is an important component of the tracking process, but not an approach that can stand by itself.

Having good background data on each student also helps to improve tracking results (Pirie et al., 1989).[11] Several types of data are useful in tracking younger adolescents. In addition to information on school transfers, these include having full names for both parents or guardians and getting the child's and parents' social security numbers, the child's birthdate, and the names of third parties who might know of future family changes. Putting extensive efforts into collecting this background information pays substantial dividends; Pirie and colleagues (1989) describe three different studies that did so and subsequently located 80% or more of students in the tracking pool.

## Conclusions

Researchers and funding agencies have increasingly recognized that credible evaluations of school-based prevention programs require long-term assessment of students from multiple schools and diverse community environments. However, requirements for large numbers, diversity, and multiple follow-ups make the job of recruiting and retaining both school and student participants more difficult.

Schools and districts are much more likely to approve prevention evaluations when doing so fulfills their own organizational objectives (or at least does not conflict with them) and does not impose heavy burdens or costs on school personnel and students. When the perceived ratio of benefits to costs is low or negative, successful

[10]Third-party information (names, addresses, and telephone numbers of relatives or friends who might know the student's new home address) was also available, but this information was far from complete.
[11]Once students have been located, offering individual monetary incentives for returning the survey helps to improve completion rates. Because students in the tracking pool have typically consented to prior data collection efforts, such incentives are unlikely to distort the consent process.

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recruitment is unlikely; conversely, a positive benefit/cost calculation raises the likelihood of approval.

Hence a crucial prerequisite for successful recruitment involves making a credible case for the research—showing how the project will benefit the district and indicating willingness to avoid extra burdens on staff and students. At the same time, however, it is essential to maintain the integrity of the research design. Making a credible case also requires presenting a balanced view of the overall project—laying out precisely what districts will need to agree to (such as random assignment, asking students questions about sensitive subjects, using class time to collect baseline and multiple follow-up data, cooperating with consent procedures, etc.), and what those requirements may entail in terms of staff time and other potential costs.

The delicate nature of this task requires finding people to negotiate with school districts who are sensitive to school concerns, understand the needs of the research, and will work at developing a long-term relationship with the schools. Whereas identifying local contacts who have credibility with key gatekeepers helps obtain access, projects also need liaison staff who will respond to school concerns and make sure commitments are filled throughout the life of the project. An alternative strategy involves hiring site staff who either live in the district or can commit to being there during crucial negotiation and implementation periods.

Maximizing student participation and retention over time requires a different set of skills—expertise in designing and carrying out strategies for obtaining parental and student consent and in minimizing nonresponse attributable to absentees, school transfers, and school dropouts. Using passive consent procedures or active verbal consent helps reduce sample loss attributable to lack of parental consent, while holding makeup sessions and tracking transferees and dropouts by phone or mail helps retrieve surveys from students who were absent on the day of data collection or no longer attend the school where data collection took place.

Nevertheless, the site liaison can and should contribute substantially to the process of getting and keeping students by responding to parent queries, helping to arrange makeup schedules, and working with schools to identify the nonrespondents who need special follow-up. Building and maintaining cooperative relationships with school and district personnel is central to successful implementation over time, as well as to successful recruitment.

## References

Battjes, R., & Bell, C. (1985). Future directions in drug abuse prevention research: In NIDA Research Monograph #63, C. Bell & R. Battjes (Eds.), *Prevention research: Deterring drug abuse among children and adolescents*. Rockville, MD: National Institute on Drug Abuse.

Brunswick, A., & Messeri, P. (1985). *Causal factors in onset of adolescents' cigarette smoking*. New York: Haworth Press.

Donovan, J., Jessor, R., & Costa, F. (1988). Syndrome of problem behavior in adolescence: A replication. *Journal of Consulting and Clinical Psychology, 56*(5), 762-765.

Ellickson, P., & Bell, R. M. (1992). Challenges to social experiments: A drug prevention example. *Journal of Research in Crime and Delinquency, 29*(1), 79-101.

Ellickson, P., Bell, R. M., Thomas, M. A., Robyn, A. E., & Zellman, G. L. (1988). *Designing and implementing Project ALERT: A smoking and drug prevention experiment*. Santa Monica: RAND.

Ellickson, P., Bianca, D., & Schoeff, D. (1988). Containing attrition in school-based research: An innovative approach. *Evaluation Review, 12*(4), 331-351.

Ellickson, P., & Hawes, J. (1989). An assessment of active versus passive methods for obtaining parental consent. *Evaluation Review*.

Goodman, R. M., Smith, D. W., Dawson, L., & Steckler, A. (1991). Recruiting school districts into a dissemination study. *Health Education Research, 6*(3), 373-385.

Hansen, W. B. (1991). The science and art of organizational recruitment. *Health Education Research, 6*(3), 387-390.

Hansen, W. B., Tobler, N. S., & Graham, J. W. (1990). Attrition in substance abuse prevention research: A meta-analysis of 85 longitudinally followed cohorts. *Evaluation Review, 14*(6), 677-685.

Josephson, E., & Rosen, M. (1978). Panel loss in a high school study. In D. Kandel (Ed.), *Longitudinal research on drug use, empirical findings and methodological issues*. Washington, D.C.: Hemisphere-Wiley.

Kandel, D. B., Kessler, R. C., & Margulies, R. Z. (1978). Antecedents of adolescent initiation into stages of drug use: A developmental analysis. In D. B. Kandel (Ed.), *Longitudinal research on drug use, empirical findings and methodological issues*. Washington, D.C.: Hemisphere-Wiley.

Kearney, K., Hopkins, R., Mauss, A., & Weisheit, R. (1983). Sample bias resulting from a requirement for written parental consent. *Public Opinion Quarterly, 47*, 96-102.

Lueptow, L., Muller, S., Hammes, R., & Master, L. (1977). The impact of informed consent regulations on response rate and response bias. *Sociological Methods and Research, 6*, 183-204.

Moberg, P. D., & Piper, D. L. (1990). Obtaining active parental consent via telephone in adolescent substance abuse prevention research. *Evaluation Review, 14*(3), 315-323.

Murray, D. M., & Hannan, P. J. (1990). Planning for appropriate analysis in school-based drug-use prevention study. *Journal of Consulting and Clinical Psychology, 58*, 458-468.

Murray, D. M., Perry, C. L., Griffin, G., Harty, K. C., Jacobs, D. R., Schmid, L., Daly, K., & Palonen, U. (1992). Results from a statewide approach to adolescent tobacco use prevention. *Preventive Medicine, 21*, 449-472.

O'Hara, N. M., Brink, S., Harvey, C., Harrist, R., Green, B., & Parcel, G. (1991). Recruitment strategies for school health promotion research. *Health Education Research, 6*(3), 363-371.

Pirie, P. L., Murray, D. M., & Luepker, R. V. (1988). Smoking prevalence in a cohort of adolescents, including absentees, dropouts, and transfers. *American Journal of Public Health, 78*(2), 176-178.

Polk, K., & Ruby, C. (1978). *Respondent loss in the longitudinal study of deviant behavior*. Paper presented at the International Symposium on Selected Criminological Topics, Stockholm, Sweden.

Severson, H., & Ary, D. (1983). Sampling bias due to consent procedures with adolescents. *Addictive Behaviors, 8*, 433-437.

Severson, H., & Biglan, A. (1989). Rationale for the use of passive consent in smoking prevention research: Politics, policy, and pragmatics. *Preventive Medicine, 18*, 267-279.

Thompson, T. (1984). A comparison of methods of increasing parental consent rates in social research. *Public Opinion Quarterly, 48*, 779-787.

U.S. General Accounting Office. (1993). *Drug education. Limited progress in program evaluation*. Statement of Eleanor Chelimsky/Testimony Before the Subcommittee on Select Education and Civil Rights, Committee on Education and Labor, House of Representatives, GAO/T-PEMD-93-2.

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